

## COVID-19 Vaccine 12/17/2020 - Rural RCC Unedited Transcript

>> Good evening, everyone. Thank you all for joining us for vaccine community conversation with the rural community. We are super excited to all and grateful you have taken time out of your busy schedule to hear from us this evening. But also super excited and looking forward to this can a two way conversation. We want to make sure we understand your questions and to hear from you during our public comment section in terms of specific resources that we should be aware and other aspects this we should be keep in mind as we are innovating in realtime and developing our vaccine implementation strategy.

I am Sable K. Nelson. I am the acting director of office of health equity here at Virginia Department of Health. I will be moderating or conversation for this evening. I want to begin by going over -- to begin by going over some of our presentation points. So what I would like to do is begin by having a conversation about some of the accommodations that we have made for accessibility. And I'm going to turn things over to my colleague, Veronica Cosby to talk about some of what those accommodations are.

>> Our accommodations tnt are Virginia relay, remote conference captioning and I will placing the link in the chat box a couple of of times. Those who may need RCC captioning it will be provided through the Virginia relay. I will be placing the link in the chat box. If you have any other technical challenges feel free to chat myself or Jasmine Smith. Thank you Sable K.

>> SABLE DYER: Thank you Veronica. As another matter we want to -- housekeeping this is a public meeting. And I wanted to let you all know that we are recording the meeting today. And all your lines are muted to start but we certainly hope that will not inhibit you from being active in our chat today. We would love for you all to in lieu of formal roll call to introduce yourselves in the chat and love to see what who we have and what various pockets of rural communities that we have represented here in the Commonwealth. So if you can broe introduce yourselves in the chat. Would love for you utilize the chat as well. You are going to hear from incredible individuals from just a few moments and love for you all to share any questions and we will be pulling from the questions that are in the chat box, in order for us to seal the Q and A portion when we get to that component of our presentation today. And just in terms of a general preview in terms of what we have in store for you over the next 90 or so minutes that we are going to spend together this is a community conversation in two parts. Part I is going to be the opportunity for the -- for you to hear from our leadership here in the Commonwealth. We will have formal welcome and introductions from Galy who is the cochair of our vaccine advisory work group on communications and subcommunications and messaging that subworking group and she is going to be introducing our governor who we are thankful and grateful to have him on the line. We have Dr. Jaberry on the line and also hearing from Dr. Stefanie and tamy Smith. We want to make sure you all have a good understanding of what VDH's aspects. And give you an opportunity to ask questions to clarify to make sure that you all are aware of what we do and help us delve deeper and improve our planning. The second part of our communication when we want to hear from those who have the most engagement with the community. We are going to have a remarks from Heather Anderson who is our director of our state office of rural health within the office of health equity here at the Virginia Department of Health. And we are also going to be hear from two community leaders Dr. Brenda Hale and Karen Jones to provide their perspective and to underscore the importance of why we need to

hear from the rural community as we are developing our vaccine plans. And from there we are going to open the floor up to you all. We have about 45 minutes or so in our schedule for a public comment period. And to the extent that we can we are going to give as many people as time allows for each individual to have one minute to give their public comment. Share your thoughts and feelings. We are going to be taking copious notes and again discussion is being recorded so we can make sure that we are able to capture all of your feedback and your questions and we are able to operationalize and make sure it has the greatest impact for you here in the Commonwealth.

With that I'm going to turn things over to our vaccine advisory work group cochair, Galene is the president of celebrate health care, LLC. If you could introduce yourself and introduce our honored guests here this evening.

>> Thank you Sable. I like to welcome, everyone for being on tonight. These listening sessions are so important. We are embarking in to historic times right now. And we need everyone at the table. Everyone needs to be at the table. This is -- back on years from now and say what have we done to make a difference to make sure that this pandemic is done. It gone. We have lost many people and our loved ones during this pandemic including I lost my mother. And the work that we are doing right now is so incredibly important. And that's why we need your voice. We want to make sure that we meet your needs, we get -- we get the tools and everything that you need to be successful to ensure that everyone in the rural community is being vaccinated. This is just -- we really need to do this. This is so just so so important. I can tell you this, we have so many people that are working on the -- on your behalf to ensure that you get what you need.

But it is so many people behind the scenes that you don't even know that are working. They have been working day and night and working for a long time. This is not an overnight effort putting a lot of hours in daily and weekly with -- for this effort to make sure that everybody is educated.

So I want to welcome you again. This is some good information. Please please share your -- your views, your questions, whatever we want to make sure that you walk away armed with information so that you can educate your peers and your family friends and everyone else around you. This is going to take all of us in order for us to win.

I am honored to introduce our next honored guest. And he is a 73rd governor of -- I am so proud of our governor. This year he has signed some historic legislation that's going to move our Commonwealth and our state forward. He has done wonderful and even better than that he is a doctor. And what better to have a governor as a doctor during this pandemic.

And he has been working day and night to make sure that we get what we need to have and try to make sure that we get the funding and the tools and working across the -- across the country with other governors and, you know, and resources to bring in to Virginia. So I can ever be so proud of our governor and we all should be proud. So it is my honor to introduce his excellency the 73rd governor.

>> Good evening, to everyone and I hope everyone is staying safe and healthy and ready for hopefully a nice holiday season. Gaylene thank you so much for your kind words and your introduction and your friendship. Before I get started with my more formal remarks I want to thank some people as well and it starts with this the young lady that just sbroe introduced me and thee talked about people being at the table and being part of the solution and being

responsible for doing everything that we can to get this health crisis behind us but Gaylen has been there every step of the way. So thank you. I know you are cochairing the vaccination advisory commission and all the other things that you have done and I also want to remind folks because of Gaylene's efforts and an lot of other folks that are probably on this call tonight we expended health care and Medicaid and now over 450,000 Virginiaans have access to care. So just thank you so much for all of your efforts and again your friendship. I also want to take this opportunity to thank our secretary of health, Dan Carey and his staff. Believe it or not, folks we have been fighting this pandemic since February. We have been at this now for ten months. And Dan Carey and his staff have worked around the clock on weekends doing everything that they can to keep Virginiaans and I also want to thank our commissioner of health and I know we have a number of individuals from that office tonight starting with Sable. Sable, thanks so much for all you have done. This is our third night together and this so important. Thank you for your work. Norm Oliver who is our commissioner of health has been working around the clock and the vacs sin nation program is alive and well moving forward. There is so many people, that's why I'm proud to be a governor. We are the best in the country at a lot of things. Appreciate all the efforts that have gone in to this and finally perhaps most important tonight I want to thank all you for being on this call, for taking time out of your busy schedule. There are a lot of other things that you could be doing. But it is very, very important for us to give factual information to the public and so we appreciate you being part of that process. And we also want to hear from you. We want to know, you know, what's going on in your world, what are the things that we need to work on because we are listeners here in Richmond and we lefrP and the more we know the more that we can do. I have been looking forward to tonight as you may be able to tell I'm from rural Virginia and what's interesting about COVID-19, COVID-19 does not know any boundaries. It doesn't know politics. It doesn't know religion. That's why we all no matter wer we are from we need to take this very, very seriously. Could I wanted to talk about some concerns I have very briefly and then talk about the excitement that we have that there is light, that there is hope at the end of this tunnel. First of all my concerns, our numbers are going up my friends. We had over 3800 new cases today. We recorded 46 additional deaths. We have more people in the hospital. We have more people in the ICU. We have more people on ventilators. And we all need to take this seriously and as I said earlier we share the responsibility and we all need to be part of this solution. So while there is excitement, while there is light at the end of the tunnel, we need to remained vigilant. It is not asking too much to wear a mask. It is not asking too much to keep our gatherings small. We need to wash our hands. So if we can follow these guidelines and keep these numbers down, until we get everyone in Virginia that can vaccinate it, that's what we need to do. So the excited side of this of our shipment of doses came as planned and as promised from Pfizer on Monday. We have now over 18 sites cold storage across our Commonwealth and Tuesday we started giving the initial vaccinations, more yesterday and today. And we are -- we have a very organized approach. We have been working on this plan now for several months. And certain live the first phase is going to be our health care providers that are on the front lines. And our long-term care facilities residents and care and staff and then we will go in to other group, certainly that those are at high risk, like our teachers, food processors, our first responders. So we have a plan moving forward. And my message to all of you as we move forward is to be patient. Because it is going to take a number of months and I think you will hear from some of our

experts tonight if we are able to get the supply na we need in Virginia and we are confident that we will, we are probably looking at early to mid summer before everyone has the opportunity to get that vaccination. Just in closing, I want to put my doctor hat on. And take my governor's hat off. I have participated in probably over 250 clinical trials as a child neurologist. I know how these protocols move forward. I have watched these pharmaceutical companies not only develop this vaccination but also do the research that's needed in thousands and thousands of individuals and I just want to tell you as your governor and as your doctor tonight that this vaccination is safe. It is 95% effective. It doesn't get any better than that. I encourage everyone to, you know, to learn about the vaccination, to be comfortable. And to also help us get the message out that the only way that we are going to get this pandemic behind us, in the rearview mirror is to really reach out and make sure that we vaccinate Virginia. So Pam and I will be -- when our time is here we will be take the vaccination that's how confident I am and I actually look forward to taking it because. I like you want to get back as near normal lives as we can but we want our children to be back in school. We want our businesses back up and running. So let's all work on this together and be part of this the solution and finally, I just ask all of you to stay safe and healthy, that includes your families, take care of each other. We need more kindness in the world right now. And so we -- we are in the holiday seasons. Think about other people and let's all help each other get through this. Happy holidays to all of you. I wish we could be in person tonight but it won't be long. There is light at the end of the tunnel. There is hope and we are going to put this health crisis behind us. So happy who days and I look forward to seeing all of you. Thank you so much.

>> SABLE DYER: Thank you so much go nor for your thought leadership and just really truly being a beacon of hope and information and respect of science. Just very grateful for your willingness to listen and to share your thoughts and to provide the welcoming remarks for our conversation today. This very, very big thank you. Now we are going to hear from Dr. Jaber. He is going to be providing a welcome on behalf of our state health commissioner, Dr. Norm Oliver. Dr. Jaber, are you there?

>> Good evening. Thank you so much and what a pleasure to have our governor here and speak to all the residents out there. We are working together through commissioner Oliver's secretary chair and to the governor informing him of the latest numbers and seeing the actions we have taken as a Commonwealth has allowed us to be in very good place compared to many neighboring states. I offer our viewers to go to the CDC COVID data tracker which shows the rates of cases in Virginia in a colorful map of blues and greens. And we are doing quite well but, of course, we are still seeing our numbers increase each and every day. So we are starting from a good position but nationwide, as all of you know, our cases are increasing and this is not a surprise. We know that Coronaviruses like many other cold viruses typically become more active in the colder months. And so we had some early discussions on the pandemic broke out will the virus go away over the summer. It didn't quite go away, but what has happened the other types of Coronaviruses that has existed before we have seen a resurgence. As we see our numbers increase and as the weather and temperature changes and people are more indoors there is more likelihood of continued spread. What can we do? Many of us who work in the Department of Health have a background in preventive medicine. We want to prevent illness in the first place. So one way I describe this to my viewers and to peash entss is to think about kind of a 1, 2, 3, approach. The No. 1 one that public health can be successful primary

prevention is to prevent the disease in the first place. We have been messaging about being socially distant. We have been talking about not gathering in large groups. All of this was in an effort to prevent an individual from becoming sick. And in a way we have continued to convey that message in and really emphasize its importance knowing that one day we will have a vaccine and now the vaccine is here. Why are we excited about it? . They prevent themselves from getting the illness. Fur more if you prevent yourself from getting the illness you won't be able to pass it on to your loved one, to young infants, to those with chronic conditions or those who who for some reason unable to get the vaccine. By protecting yourself what a vaccine does is also helps protect those around you. It is really important as we think about the future months is to really emphasize the importance of getting vaccinated both to protect you, and both to protect your loved ones.

And so that's step No. 1. I know tonight's focus is really about primary prevention. We know if someone gets an illness we have continued to increase our testing capability. We were shooting for 10,000 tests a day in the early parts of the summer and we ramp that up to 20,000 and in recent months 30,000. Testing capability and technology has increased. Now we have in-home testing and rocket point of care testing. Our challenge is to ensure that all communities have access to this testing and we are excited to have these types of partnerships with hospitals and free clinics. To be able allowed to be able to share those tests to be able to -- to provide those tests that the federal gvt has provided us or the state has purchased to ensure that everyone is covered. And should one test positive the next step for us, of course, is to make sure you isolate, we are able to do the appropriate contact tracing and should one need a hospital stay we go to the third part we want to prevent death and morbidity. Making sure our providers are trained. We have the antibiotics and medical regimen that's offered now to us through the Federal Government to those who are in great need. It as steps from the very beginning with preventing the illness in the first place. Before we get to testings and treating individuals in the hospital setting the way of we are going to conquer this pandemic is to prevent individuals from becomes sick in the first place. Vas sin nations have been aa proen and tested methodology, one of the most cost efficient ways. I am proud to be joined with my colleagues from the Virginia Department of Health. Our main speaker is going to be Dr. Stefanie and I will hand it over to her to help us get a little more light on what to expect here in the Commonwealth.

>> Good afternoon. Thank you for being on here tonight and I'm happy to able to share where we are with COVID vaccine. It is a very exciting time. And I really want to share that, you know, we started seeing vaccine as of today. I also want to share a little personal note that I'm from small town in southwest Virginia. So I understand what it is like to be in a rural community. I was born and raised there and I feel it is important to understand what -- some of the complexities that are part of rural areas and how it is important that we have equitable and fair doses of vaccine to all of the areas in Virginia. I also like many of you I am very excited to return to normalcy. I want to see my family. And I understand how that a lot of people have to drive distances to receive health care. First we plan to distribute this vaccine in phases. The vaccine will be distributed based on the CDC advisory committee on immunization practices, priority populations. Health care workers and residents of long-term care facilities will be vacs sinned first. So we know that right now according to the Federal Government we are expecting about 480,000 doses of vaccine by the end of December. Those will be used to vaccinate the majority most of the health care workers and nursing home residents within

Virginia. But we also recognize that there is -- there is a great need for more. And we expect that that population priority population will expand very quickly and as it expands in to essential or critical infrastructure, as well as those that are at high risk, the medically compromised, those who are part of programs such as PACE that was mentioned in the comments. And then those that are 65 years and older.

I also want to share that the vaccine is safe and effective. As you have seen that the very first vaccine that was FDA authorized was the vaccine that was manufactured by Pfizer had over 94% efficacy rate. There is two doses of that vaccine. And so within the first dose, then they have been -- it has been proven to be over 50% but it is really really important to get both doses. 21 days apart and you get that second dose and 94% efficacious. The FDA advisory panel is meeting today or has met today. And they have recommended that the FDA authorize the second vaccine that will be available via EUA which is the Moderna manufactured vaccine. That will also be two doses and it will be 28 days apart. It is important that your safety is top priority. There were no shortcuts taken in getting these vaccines to Virginia. That were developed and tested in the same way as every other vaccine in the state and like all that vaccine -- vaccination, COVID vaccines have gone through a careful testing process, each with several phases.

The vaccines have been tested over 70,000 people who volunteered for large scale clinical trials. And the FDA and CDC pay close attention to how a vaccines affect different groups of people, making sure that it is safe and effective in all groups. Including ethnically and racially diverse communities. And also those with underlying health conditions.

We want to do our part to stop this pandemic. So we ask that you -- that you -- we want to listen to you. We want to hear your feedback. We want to hear what we can do in order to make sure that the vaccine is provided fairly, and equitably to those who need it most. We want to take that feedback and we want to make tangible steps to make sure there is access to the vaccine. I want to provide some thoughts or some specific questions or -- and I am sure we will hear more from you but I want to talk a little bit about the vaccine will be available for free at no out of pocket cost or co-pays. That's been a common question that we have received. And then also additionally we know that people -- that there is a lot of questions about the availability of the vaccine. We know that we will not have a lot of vaccine available to the general public but we do think that, you know, we expect in the coming weeks and months the supply will increase and be widely available. Everyone eventually will have access. And we want to make sure that we -- that it is understood that even if you don't have insurance, that you do have access to this vaccine. So everyone will have access and again there is no out of pocket costs. There is the ability for providers to bill for the administration fee through the insurance but there is no out of pocket cost to anyone.

So it will be entirely free. And as we move forward there will be more testing. So right now the vaccine is available for those that are over 15 years of age but we expect that as we move forward there will be more testing and more availability for children and other populations.

I think that's all that I have to provide up front. I do want to certainly share that my thanks to Gaylen and Sable and certainly Dr. Jaber for being on here tonight. As part of the vaccination unit we have been preparing for this vaccine since the summer and we have relied very much since we started this process in the summer, we recognize that there was going to be a need to have help from an advisory work group. So we are very fortunate in our vaccine advisory work

group to have over a hundred members representing diverse populations throughout the state. And they include Gaylene as well as Sable. And many others. And we are just -- we have these -- we have subwork groups in the vaccine advisory work group which includes barriers to vaccination, vaccine safety and efficacy and partnerships and communications and messaging. As we start to talk about developing trust we have tried to ensure that our communications are strong. And that we have any information, we have the transparency there and that we have that information posted on our website. So I invite you to visit our website. You can learn more about the advisory work groups, see the members as well as information about our meetings. I have to say that our safety and efficacy is an independent board of Virginians who have been reviewing the clinical data and they provided a summary and review as it is current as of this week. And then finally, we are continuing to develop more messaging out there for people, I saw a comment about posting fact sheets or posters for certain populations and we have tried to help provide any of that information as well as many fact sheets so they can be posted in places in the public for the general public.

And then finally, this is one step of many to getting us back to normalcy. So I want to certainly emphasize vaccines is not the only answer. We still need to wear a mask and social distance. We are excited about this step and excited to talk to you tonight.

>> SABLE DYER: Thank you Stephanie. And I know that we have -- we have a great number of questions and thank you to Dr. Jaber and to Tamy Smith for fielding some of the questions in the chat. We are thematically grouping some of the information so we can get the information entered in the -- and reflected back as quickly as we can but I do want us to transition to our Q and A portion. So we have about 15 to 20 minutes or so to hear from you all and to address several of the questions that are here in the chat. The first question that I would like to pose will be to Tamy Smith. She is our representative from our VDH communications unit and if you could address some of the issues that that Dr. Shugs Wheawill was bringing up towards the end. We've seen some concerns to access to share fact sheets and especially for those who are in rural parts of the Commonwealth that may not have strong broadband access. How do we make sure those messages are getting to those communities who need it the most.

>> Thank you for this opportunity to talk a little bit about the Virginia Department of Health office of communications during -- to get out information and messaging about COVID-19, how to protect yourself and now about the vaccine.

VDH is working with a couple of several creative agencies that are helping us develop messages and methods on how best to reach different populations. Those agencies have done research and they are experts in working with communities on how best to get out messages, how to -- do we need -- how you get say things, how -- how need to actually show in those images in terms of going to convince a person to kind of listen to your message and maybe act on the message.

And we have -- they are doing multiple things. Most recently they have done a campaign in southwest Virginia, for instance, where cases of COVID were rising. They -- it was a blitz. They did social media. They did billboards. They did, you know, the little ads that you see on the top of gas stations. They did posters. They did social media. And a lot of it they worked with the local health district to get a sense of what messages they are going to work in the community and what they needed to hear and who they needed to bring in to help get those messages out.

It is going to be different in every community. Right now they are developing more materials that help talk a little bit about the vaccine. Somebody in the chat asked, what is efficacy, how are these vaccines tested. We are producing a lot of materials that will help explain in straightforward long what this whole process has been like to develop this vaccine. A lot of people think it was developed too fast. Too fast to be safe. That's not necessarily the case. And we creating materials that will help you to help those that you work with, or, you know, need to communicate with what exactly happened. And I put my e-mail in the chat. We are krooe aiting -- those materials will be made available to all the local health districts. If you need stuff to share with a group or an organization or a church or anybody you should be able to reach your local health district and get -- get access to those materials.

And my e-mail is in the chat. So if you have any specific questions or specific needs, I can -- you can pass those along to me and I get them to our communications team.

Thank you.

>> SABLE DYER: Thank you Tammy. And just as a point of follow-up for the individuals who we have on the line today, I did mention at the top of the hour that we are recording this session. We are also taking notes. And are going to be recording the questions and comments that are raised in the chat.

So we will be collecting this information and doing our best to turn around answers. One of the reasons why we are having this community conversation is to help us to update the FAQ document that currently lives on our COVID-19 vaccine website. So we want to make sure that the FAQ document that we have is truly responsive to your questions and what you all are raising here will help us to update that document.

And we will be sharing that with you all after we conclude today. Also wanting to -- there were some questions, a lot of questions in the chat about efficacy and what that means and how do we know that this COVID-19 vaccine is effective. And I see Dr. Wheawill is making a couple of comments there but if you can summarize how we know that the vaccine is safe and how do we know that it is effective?

>> Dr. Wheawill: The very first thing was to look at the safety. The clinical trials show there are side effects to the vaccine that it is safe. Some of the known side effects are most common side effects include painness, pain or redness at the sight of the injection. Headache, and some have had a slight fever. And myalgias or muscle pain. From the side of the efficacy, the next step was to show that it does work. And so in that sense they were looking at those who had the risk of getting COVID after being vaccinated. And so they were able to show when they compared those that had received the vaccine versus those who had not, so the placebo group, that those had received the vaccine had a significantly less risk of being symptomatic or having COVID. What they don't know, if there is -- if those who have had the vaccine if they are able to transmit the COVID or the virus to others. And so that's something that's going to take some more time but Pfizer has committed to the CDC as well as other manufacturers that they will continue their studies and that will be something that will be able to know a little bit more as time goes on.

>> SABLE DYER: Thank you.

>> Sable may I take a minute to answer the question?

>> SABLE DYER: Absolutely. Go ahead.



>> Sorry. So there is a number of questions that people are asking about if you are exposed and you are asymptomatic and if you can transmit the illness. Say you host five people at your house for dinner. And you are No. 1 and 2, 3, 4 and 5. No. 2 is sick and they may or may not know at the time. Everyone in the group is exposed. If you are sitting less than six feet there is a chance you can be exposed. When those four people go home not everyone may get ill. Some people may be exposed to the virus like the flu and other infectious diseases. So exposure means you may have been in close contact with someone who is breathing these droplets that have the Coronavirus. But infection is when the virus goes inside your body. The five people at the dinner table. It could be that only two and three become infected. So two people are harmed. One person was ill and of the two people infected they go home. A day passes, two days pass and one may develop symptoms of COVID. So you have got those cold like symptoms. You are beginning to have chest pain. At that point that individual is infected and similar to that. Another person who has been infected they may be asymptomatic. It means they are not showing. They wouldn't even know they are sick and the only way they would know if they were sick is if they want and get a test of the difference is this, first people get exposed. Some may get infected and others may not. If you do get infected then you may have symptoms or you may not. It is important to know even if you don't have symptoms you can still spread the virus. One of the hardest things with this pandemic and this specific virus is that when it first was hitting we were saying someone has symptoms we would know, tell them to stay home, not go to school. The challenge is many individuals can still be infected not know it and then spread the virus inadvertently to others. So that's why the wearing of the mask is so important that people could be infected and they are in close proximity to others, they don't mean to harm others and don't mean to spread the illness because you can be asymptomatic and still spread the illness it is important to take those measures. What a vaccine does is hopefully prevent you from getting infected. It actually makes symptoms a little less mild and potentially reduces the amount of the transmission. So hopefully that was helpful in terms of not being sick, getting exposed and once exposed you may be okay. You may not get sick, you may not get the virus inside of or infected or you may and you can develop symptoms or remain asymptomatic. Probably a visual would be the best way to have this graphic drawn out and I will look for further questions in the chat. Thanks.

>> SABLE DYER: Thank you Dr. Jaber. The next question I am going to pose to Dr. Wheawill we are seeing a lot of questions about what -- how like what the COVID-19 vaccine prevent -- protects you from. Is it protecting you from serious illness? Protecting you from getting COVID and if you could summarize what the vaccine is protecting you from.

>> So Sable I think you have a visual of how the vaccine works. So maybe let's start there. I mean it is protecting you from virus and I think it is helpful when we look at the visual of how do vaccines work. And then we can -- maybe that will help. So with these vaccines the two that have been released, this is a very novel pathway in which these vaccines are being created. So with these mRNA there is a protein which is basic -- they encapsulate the lipid protein which is injected in to the muscle in the arm and then from there that lipid protein that's not the virus, then -- it attaches to the cell and from there then the cells then create antibodies and this immune response and that's what then has the ability to fight the virus. The actual -- there no virus that goes in to the cell. It doesn't enter into the nucleus and then the actual

protein and the -- it degrades in a matter of hours from the body. And then the body has these antibodies which are able to recognize the virus and fight the virus when introduced to the body.

Dr. Jaberri do you have anything to add?

>> So if the virus comes in to your body, this is technical question, does it infect you. Go if it pen traits in your body, it will prevent that virus from multiplying. Why does it take a day or two for someone so become sick. This is how they work once they come in to the body, they start multiplying very quickly, 2, 4, 8 and within a few hours you may have thousands of that infectious agent. So what a vaccine does and what those antibodies do is immediately once it picks up sense there is an infection in your body it will attack it and prevent that replication because your body is able to mount that immune response. Without getting in to an immunology lesson, vaccines allow that attack to happen a little faster. Other times like many folks do recover from COVID. What happens eventually your body build those antibodies and it is able to get rid of the virus. By doing a vaccine, you have prime your body, so rather than taking three or four days, you can have an immediate response. And so yes, it takes, you know, the virus infeking your body for the benefits of vaccine to take hold. It allows your body to respond faster, quicker, preventing you from getting as sick.

>> SABLE DYER: Absolutely. Absolutely. And thank you so much Dr. Jaberri and Dr. Wheawill for providing that clarity. I know there are a lot of questions how that vaccine works. We will be putting the link in the chat shortly but encourage you to visit our VDH COVID-19 vaccine Web page. It is going have answers to the FAQs. Also additional information as more vaccine candidates become available and just letting people know like where they are in line. And that -- with that in line comment in mind, before we transition things over to our public comment period I want to raise a couple of different comments and questions that I have seen in the chat about how Dr. Wheawill you went over the preliminary schematic the framework that we are using in terms of how the vaccine is going to be disseminated here in the Commonwealth. But people are asking questions about how long like each of the phases will take and also how people will know when it is their turn to be able to be vaccinated. So if we can get some clarity for the folks joining us this evening.

>> Dr. Wheawill: We expect this weekend or as early as this weekend that the CDC advisory committee on immunization practices will start to look at future priority populations. As I said before we estimate that there is approximately 500,000 long-term care residents and health care providers in the state. And we estimate that based on information from the Federal Government we may have enough doses close to the end of December for that priority population. We think that ASIP or CDC will provide some future direction for these -- the next priority populations and we expect that the next ones will be essential workers and then followed shortly there after with adults with high risk medical conditions and those that are 65 years and older. There won't be a definitive date but there will be a gradual process and it is based on the amount of doses and what the manufacturing -- the manufacturers have available for us. But we do hope that this will be fairly quickly and then as as far how you find out if you are one of these priority populations, we will certainly that will be part of our communications but we -- our local health districts have been working very hard to protect their communities. And they will help to identify those that are within the priority populations to receive the vaccine.

>> SABLE DYER: Thank you so much. And so we are getting ready to transition to our second part of our conversation. We are still just wanting to make sure that people know that we are holding space and taking notes of the additional questions that we have here in the chat. But we also want to in addition to the questions that you all have about our COVID-19 vaccination planning effort we also want to provide an opportunity for folks to provide a public comment. So as we transition-to-that section of our chat today, I want you all to hear from some of our rural health leaders here in the commonwealth. I want to have Heather Anderson who is the director of our state office of rural health to provide some initial remarks. Heather are you there?

>> Hi Sable. Can you hear me?

>> SABLE DYER: Sure can.

>> Great. Good evening, everyone. It is your chance to let us hear from you tonight and we appreciate everyone's comments so far. But we really would like to hear challenges, potential barriers that there might be. And any concerns that you would like to express to us tonight so that we can take note of that and try and address it as we roll out this very important vaccine. So with that I will turn it back to Sable. Thank you.

>> SABLE DYER: Thank you Heather. And we have two more individuals that we would like you all to hear from before we open things up for public comment. We have Dr. Brenda Hale as well as Karen Jones to provide a rural perspective as well.

>> Yes. So good evening, everyone. And thank you so very much for the invitation to be here this evening. I had very short notice. So but I'm a talkative woman. So I do have some things that I want to bring to your attention. When they first started talking about the vaccine there seems to be a still environment of distrust. There is so many pros and cons that individuals have heard about that they really don't know how to make that final determination should I really go ahead and trust this enough to take the vaccine. Now we know that there is a tier system in place. We know there is a process for distribution but what I want to bring to your attention tonight is unique situations. Everything is not so cut and dry. When you look at social economic conditions, when you look at demographics you have multi-generational families living together in rural southwest Virginia. And then you have that catch all generation. That's where you have a child that has children of their own and taking care of their incapacitated parents. You have high unemployment because manufacturing jobs are not per se in southwest Virginia anymore. So there is high unemployment. There are incapacitated individuals that are not in or have that blessing to be in a long-term care facility. But nevertheless incapacitated to say the least. So we have these unique situations and sure we know that this is a free vaccine. But my concern is that the number of people that are in this unique situation and has special situations is that going to still be fair and equitable to these individuals? Because there is plenty of this in southwest Virginia. So I'm not only speaking about African Americans. I'm speaking of the population itself. Because we at NAACP we are about representing everyone. And I was an Army nurse and a nurse at the VA and I did serve on the nursing board for six years. I know all of these things that I'm speaking of right here. But I think we need other than go to website, there are so many people in southwest Virginia they don't have the broadband. They don't have exposure to website. So we have to think about in addition to the things that you are doing, what else can you do to reach the individuals that are in these multi-faceted generational homes. And where these special conditions are taking place.

So we are looking at people that are not working. High unemployment, been unemployed during this pandemic and when it comes to working minimum wage, we know for sure that a waitress and a waiter they don't even get minimum wage. So we have so many unique situations in southwest Virginia. And all I'm asking is take another look in this tier system and see where everyone falls in to place. Because you know the Baby Boomers this are over 65 now. And a lot of them are incapacitated. So thank you for allowing me to take these few moments to speak on equity and I want to hear some answers from the good doctors. And I am so thankful that we have a governor that is a physician and has led us and leading us through this pandemic. And all states aren't blessed as we are. And I'm very thankful for that. I'm also thankful for individuals like Gaylene. When she calls you answer. And you step to the plate and do the best you can. So I hope that I have said something significant this evening to make a difference. Thank you so very much.

>> SABLE DYER: Thank you Dr. Hale. Ms. Jones are you there?

>> I am. Thank you. Hi. Can you hear me?

>> SABLE DYER: We sure can.

>> Okay. Great. Thank you so much for this opportunity and I also want to say thank you to everyone who is working just so very hard to keep Virginia safe. Virginians safe and healthy during this pandemic. Just this week COVID-19 has hit chose to me and my family and my extended family, two very close family friends, husband and wife passed a way from COVID-19. We all must when the opportunity comes and the time arises take the vaccine. It is just very, very important that we do that. But tonight as already mentioned there is a two way conversation and it is our opportunity to share with everyone who is planning and making decisions on how to reach people across the Commonwealth specifically how to reach us in southwest Virginia and other rural communities the best ways and methods to do that. We have unique challenges in our community. I also work for a non-profit where we serve and deliver meals and communicating even in the best of times is difficult.

I recognize so many of you that are on call, the organizations that you work for. So I already know that you all know how to get the word out. How to talk to our neighbors. How to rally them, how to make sure that all of this happens. I want to encourage all of you to share your ideas, your best practices, your comments, volunteer, be a resource and just take this opportunity because we want all Virginians to be safe and healthy and to get the accurate information about the vaccine and be prepared to take it when that time arrives. And so again just thank you so much for this opportunity just to talk a little bit about our concerns here in southwest Virginia.

>> SABLE DYER: Thank you so much Ms. Jones and thank you so much Dr. Hale and Heather Anderson for those initial responses. We want to open up the floor to hear from you you will A. This is when we transition in to our public come time. We would love to hear from you in terms of what your concerns are and this is going to be us not being in a responsive space but for us to hear from you in terms of what your concerns are, what may be exciting to you. We are not going to be responding directly to questions. We are going to try to hold those until the end but if anyone has any true public comments if you could raise your hand so that we could acknowledge you so that your line can be unmuted. And then we will be able to hear your public comment. Each individual will have up top a minute to provide their public comment and we will be going through like you can either let us know through the chat that you have a

comment or you can let us now by raising your hand and that will automatically signal to our administrative team to unmute your line.

So are there any individuals who have a comment that they would like to make? And we will wait to see if there are any hands raised. While we are waiting for that, I do want to acknowledge another incredible resource that we have here on Pt phone today. We have Robert forceman on the line who is doing some really incredible work and while we are waiting to see if there are any public comments, Robert if you wanted to kind of tip us off and just kind of let us know what kind of efforts are you engaged in to ensure equitable and fair vaccine access in your area, in rural Virginia? Robert, are you there? Perhaps you may be double muted. Robert, are you there? And also for other individuals who would like to make public comments I'm monitoring the chat as well as looking at the participant list. If you would like to make a public comment please raise your hand so you can be recognized so we can unmute your line.

Robert, are you there? It looks like we are having some challenges with Robert's line. I do see Monique with their hand raised. Monique are you there?

>> Yes. I am. Can you hear me?

>> I sure can. Thank you. It looks like you have been muted again. There we go.

>> Okay. I think I'm here.

>> Uh-huh.

>> Can you hear me?

>> SABLE DYER: I can. I can.

>> My question is or comment because I work at the -- at a food pantry, we have so many restrictions to make sure everyone is kept safe. As these immoounizations are given out, are we allow to ask people if they have received the vaccine so we get an idea, you know, on dealing with almost 400 clients and plus volunteers. I'm just curious as to the transition phase would look like if I can ask my people have they had the vaccine or do we basically wait for the department of health to say hey restrictions have been reduced. They have changed.

>> SABLE DYER: I'm hearing some muting there. But I think we got the gist of what you were saying. And again we are going to try to hear from as many people as we can but I did note your question Monique about how we are -- what the mechanism is to verify if individuals have taken the vaccine. So we are going to try to get through as many of the comments as possible. I do have your question written down and we will get back to it as soon as we exhaust the rest of our public comments. I saw that Jane has their hand raised. Jane are you there?

>> Hi. This is Jane again. I'm very concerned about the Eastern Shore. We have one hospital that's affiliated with across the Hampton roads which is Riverside and I don't know how they are doing because they are a big corporation, whether they are going in to the hospital and doing surveys. I'm very concerned about the people on the Eastern Shore as I stated before, the nonprofessionals, the ones that were sent home to quarantine yourself or the ones that made it back that didn't make it. Who passed on are the ones that they shipped on the other side.

I'm very concerned that we have a lot of people that we need to find a way, I mean it is -- it takes a village to raise a child. It is going to take everyone to help the people on the Eastern Shore because the makeup of our health community with just two less let's say we have only two nursing homes. Okay. I just want to know where can we go, what can we do, how can we

bridge the gap as community advocates for all the people on the Eastern Shore because a lot of us have been missed with the free testing. A lot of us are being missed because we were sent home to quarantine with no home to go to. So I think that's what our members up to die because time they got back to the hospital it was too late. And if this is way to help us to help them, I'm asking how do we work to inclusiveness with the medical staff or our local health departments that, you know, underpaid, underworked don't have enough help to do a lot of things. Once CBS, one right aids, maybe two right aids on the shore.

>> SABLE DYER: Thank you so much for your comments Jane. I know that Dr. Wheawill has put some information in the chat and we will be sharing the chat information with you all on the other side of our chat today. But we certainly have some mechanisms for you to become involved and that's why we are having this conversation so we can be made aware of what those gaps are and to the extent that we can fill those to ensure that the needs of the rural community are met as it relates to our vaccination efforts. Thank you so much for your comments.

>> Thank you.

>> Sable may I add a comment or two?

>> Yes.

>> I realize I was answering chats I'm distracted in what the speakers are saying. On that last comment, Sable you hit it on the head, health department, we are in counties, rural counties. I was a health director for Chesterfield. Some people may or may Mott -- oversaw. We had four people, four individuals one person was the nurse. One was the assistant who took the information in and one was who did the restaurant inspections and one person did the wait clinics and the four of them ran the whole health department. For years and years our public health infrastructure has seen a decline and we have been reserved to doing what we do best is to engage partners in the community to help us get the vaccination, get the message. Get the word out. And so we are a small bunch relative speaking and we need your help to identify those vulnerable communities across Virginia. And so Sable's group and also health equity you have done a wonderful job reaching out to our partners in prayer and folks in the faith based community. We are having these conversations now before they are available. So you become aware. You can engage in those community discussions at your YMCA at your schools, at your community base center. So when the vaccines do become available people are aware and they are informed. So really the answer to your question is it is going to take a village. But what we will do definitely through further campaigns when the governor has already commit the his willingness to fund some communications campaigns around messaging with a vaccinations for those across the Commonwealth and so think it is important whether I saw compoments about posters, billboard, fact sheets it is going to take all of that. You are exactly right. Not everyone is going to have Internet. Not everyone is going to necessarily have someone to go to to provide them this information. So we have to use all channels. It is admission that VDH can't do it all. We need your help. And through time over the next month or two, hopefully as we see those vaccine not only here in Virginia but all over the nation I think this is going to be item that's going to be in the news. We are going to hear people talking about it, not here just in Virginia but in others. The final mile will be if people think it is the right thing to do. By sharing the facts and science and showing that can in in fact, prevent illness we would have you on our side championing this message. With regards to just technical question asked about the Moderna

versus the Pfizer vaccines, I don't know if the department of health has a specific compare and contrast. Right now the focus is one requires cold storage and one requires a second dose after 21 versus 28. What we are looking at right now from a public health perspective they are both two very effective vaccines. We are not to the point where we would recommend one vaccine over another for adult. But as we get more data, as these vaccines hit the market and are utilized and not just thousands and tens of thousands but millions of individuals we may get new information and we will share many of those new finds with you. There are still other vaccines in the pipeline. We talk about the two that have received approval for use in public but there are others in the pipeline. So we will be looking out for those as well and sharing those information with you when available.

Thanks Sable.

>> SABLE DYER: Thank you Dr. Jaber. I really appreciate it and we are also having some good conversations and good comments in the chat. I know there may be some people who may not be able to raise their hand via the Zoom. Thank you to everyone who is willing to serve as a resource who would like to be looped in to more of our vaccination effort. I am seeing different networking happening in the chat and folks putting their contact information there. We will be sharing the information that people are sharing publically in the chat so that you can continue the networking and take this conversation offline as we continue to educate and empower our individuals and our fellow Virginians across the Commonwealth. The rural areas. It is my understanding that we have Robert forceman back. Robert, are you there? While we are waiting for Robert as we are trying to troubleshoot some audiovisual issues, just wanted to also encourage you all we have about 15 minutes left in our chat today. We do have this time open for public comment. But also wanting to let you all know that we are taking notes of the questions that are happening in the chat. So once we wrap up this public comment portion we will round up our remaining time together to answer the questions that have come up. Robert happy to be unmuted. Are you there?

>> Yes, I am. Thank you so much Sable. Can you hear me?

>> Sure can.

>> Thank you. I am so sorry about that. Sometimes in rural Virginia your Internet just doesn't work real well. But as for as how we are planning I think one of the big things that we have thought about is how do we reach our marginalized or underserved populations in those rural communities. And we understand that it is very important to have those relationships already built with all of the key players within those rural communities whether it be faith-based or the emergency managers or the school systems because we understand that not everyone's going to be able to come to us. So we have to plan to be able to take the vaccine so where the people are and we may have to conduct smaller pods and once we get through the big push over the next couple of months, then we are going to re-evaluate and say okay, we need to do a smaller pod whether it be in a neighborhood, or a particular rural community. And we can't plan just to be there one or two times. We understand in our planning process that we are planning on being in these communities every week or every two weeks. It is going to be an extremely heavy lift but that's why we are here to serve our population to serve our citizens. So as we go through the planning process, we have focused and I have told everyone that this is marathon not a sprint, so that as we start to ramp up the vaccine pods know that we are planning for very large ones but we are also planning for smaller ones whether it is in a neighborhood or a small

community within a rural area and we are partnering with all of our community groups as I have said, faith-based schools. YMCAs. Anywhere that we can get a foot in the door we want to be there so that we ensure that our communities are vaccinated and we can return to some semblance of normal. Thank you.

>> SABLE DYER: Thank you Robert. Really appreciate that your comments and importance of us being engaged and involving all of our partners and taking an individual responsibility. Thank you so much for raising that. I see that Shani has her hand raised. Are you there?

>> Good evening everyone. I appreciate this space and the mentioning of technical issues being in southwest Virginia sometimes our Internet works. Sometimes it doesn't. You can be a CEO and your Internet doesn't work. I want to thank everyone on the call, I put in the chat about partners and, for example, federally qualified health centers. Some people know about this and some people don't. I encourage everyone to Google one near you, the young lady that spoke saying people are falling through the cracks of that's what non-profits are partnering with and I appreciate VDH and office of health equity and everyone on the call. We are working together to make sure no one falls through the cracks. Someone also put in the chat people trust certain organizations versus other organizations. So for me we are all working together which is a beautiful thing. And just I would just on behalf of the a federally qualified health center we thank you. We are servants to our communities. So please Google it and I can put my information in the chat because we are stronger together and teamwork makes a dream work. Thank you for putting this on. So not -- a lot of people can't say I have been on a call talking specifically about COVID-19 with the actual governor, with the actual office of health equity director. Thank you for being on this call. That's what we are all looking for. Day-to-day, what's going on. Thank you for this time. I have learned a lot and thank you all for sharing your best practices about grocery stores and local stores. So thank you so much and I look forward to learning more because honestly just being transparent we are all like whoa, so it is a pleasure learning every single day and I'm sure we are going to continue to learn. Thank you for your time and energy tonight.

>> Thank you so much for that Shani and thank you to everyone who we have on the line. As we mentioned at the top of our chat together this is a two way conversation and this is going to be the first of what we hope will be many community conversations because we want to have an open and transparent process as Virginia is rolling out the Commonwealth of Virginia is rolling out the vaccine across the Commonwealth. We want to make sure we are here as a factual and scientific based resource and to the extent that there are barriers and so have been discussed we can do what we can to address those gaps where they exist and to meet the needs that we are aware of and looking forward to having continued conversations offline with everyone who has shared contact information, and we really want to work in collaboration with you all because this truly is a partnered event. This is a when I win you win and we all need to win together as Virginians. So thank you to everyone. We have about eight minutes left in our session today and I'm not seeing any additional hands raised or other folks wishing to make a verbal public comment. So I want to reserve just a couple of moments to answer some questions, Robert, to the panel that we have assembled. Just trying to group some comments that I have heard or seen in the chat. There are concerns about consent and what Virginia is doing to ensure that we have proper consent with specific groups, especially those with disabilities, and how we will be able to track those consents and also this concept of tracking more generally in terms of who



is getting what vaccine, now that we have multiple vaccine candidates that have been approved for this emergency use authorization that EUA that term that we have heard thrown about in the media and make sure we center our conversation about specific prioritizations, how is the Commonwealth of Virginia making questions and determining who gets the vaccine and when after we get to this one A tier that we are currently vaccinating right now. And then the other piece is about what are the vaccines going to be mandatory. Is it the stance of the Commonwealth that every person who lives here has to get the vaccine. Those are big picture pieces. I will defer to our group whoever on the panel from the governor's office or VDH office. Feel free answer those large themes before we wrap up tonight. Dr. Jaber.

>> Let me start with that last question about making a vaccine mandatory. Never in the history of the Commonwealth I believe have we made a vaccine mandatory for everyone to take. So we do have requirements if you are in school setting we do have requirements to preserve public health. What may happen, for example, if some of our providers do in some workplace how they make the flu shot mandatory. An organization may choose to do that as part of their policies and procedures. I don't foresee us as a Commonwealth making it a law that everyone has to get it. I just -- but we will see where we get. So I think it is important as the governor has said in many, many places as we want to lead with a care. We want people to want the vaccine. We want people to understand why it is important to get the vaccine, to prevent illness in themselves and prevent illness in loved ones and given the scarcity of the resources we want to make sure we are methodical and intentional for everyone who gets it. To get the vaccine we want to encourage that. With regards to some of the conversations I think a lot in the chat about how are we going to be informed, what is the opportunities for decision making. And I will Dr. Wheawill speak to a little bit as well. Is that we are going to work through this what we call the unified command and vaccine advisory group. The main focus if we can maybe go back to that slide that had the 1A and 1B and 1C. Our focus is on the hospitals and long-term care facilities. Some discussions about, you know, those who are at 65 and over long-term care versus being at home. By being around others you increase your chances of becoming infected. So that distinction has been made. Based on the data we saw early in the spring and throughout this year, those who live in these kinds of settings have not only a higher chance of getting the disease but from dying from it. And then we have made this methodical step wise fashion to be able to move through essential workers and there is lot of comments coming in to the commissioner's office about what is that. If I work in a utility plant or in a restaurant or meat packing industry do I fall in to that. It is going to be a challenge for us to able to put one slide that covers everyone. So we are going to have to work through methods of communication. So this graphic is only intended to provide the large buckets. Think the way we have going to hear about this we are going to make a move as a state. We are going to stay unified and depend on inventories and local health districts are extension of the state health department and they will be able to help inform and talk to folks individually as well. So I just want to comment about how do we know there will be public announcements and messaging going out from the state and local health departments to identify those groups and then it is going to come down to the provider who is overing that vaccine to ensure they are following the Rubric we have. The intent is to vaccinate everyone. We are just trying to do this methodically based on the data and science that's available. Everyone's life is important. Everyone should

have the opportunity to get vaccinated. I will defer to Dr. Wheawill with regards to the other comments.

>> First to start with the consent question and I did answer that a little bit in the chat. There is no federal requirement for written consent prior to vaccine. And that's in part because of emergency use authorized vaccine. So there is no written requirement. Providers are required to give patient fact sheets in a document that's it is -- that it is received. Everyone who receives a vaccine will receive a vaccination card which will document that for everyone to have. And that way then it will also help to ensure that when you are coming back for your second dose you will receive that. It will go in to the vaccine immunization registry for providers to be able to have that information for the second dose. For the only time when an informed consent is required is for those that are for children. And then those who may not be able to make those decisions for themselves. The CDC has worked to develop a -- some guidance tools for long-term care facilities in order to ensure that consent is there. The question about whether or not these fact sheets will be in multiple languages, yes, we are working CDC initially will provide these in English and Spanish. That is going to be built. Our communications is already working on ensuring that all of our fact sheets are available in multiple languages. Then the last question is about to talk a little bit more about that process. I want to make sure that we emphasize that this vaccine and the initial vaccines we understand that the initial vaccines the supply is initially is not as high as the demand. So this will be given in a fair ethical and transparent way and we are basing our ability to provide these based on recommendations from the CDC. If there is sufficient quantities of vaccine, then they will be administered to the -- they will be shipped directly to the vaccinators to administer based on that. However when there is not sufficient vaccine we have to work together and develop protocols and provide recommendation to our advisory groups and we want to work together and we want to ensure that everyone has access to this vaccine.

>> SABLE DYER: Absolutely. Thank you Dr. Wheawill and I know that we are just over time by a little bit but I don't want to stifle any of our other panelists who would like to either respond to our final, that summary of questions or provide closing remarks before we end today. So I will just press pause to see if there are any other panelists that would like to spontaneously respond to a question or make a closing remark.

>> I want to say thank you to everyone that participated tonight. This has been great dialogue. Great questions. And very informative. And we look forward to continuing and pressing on with this mission. Because the mission is not complete until we have eradicated COVID-19 out of the United States of America.

>> SABLE DYER: Thank you Dr. Hale. So as we wrap up I'm not seeing any additional unmutes from our panelists I just want to say thank you to everyone who joined us this evening. It has truly been an honor and a pleasure to hear from you all, to share the information that we have, and also to take the time to learn from each of you all who took your time out today to raise your questions, to state your comments. This is truly something that is going to be a mutually beneficial situation. We are going to be taking all of the information that we have heard this evening, both orally as well as the information that has been engaged via the chat. So wanting to thank you all for sharing all of this pieces with us. Because you are a part of history here in the Commonwealth of Virginia and are allowing us to have an opportunity to inform our vaccination strategy and to ensure that we doing our best to serve those who are in the rural

areas of the Commonwealth of Virginia. So we hope that you all are -- have accepted the challenge. That you will continue to hold us accountable. I want to summarize again that we are going to be sending you all a link to this web recording and also for you all to be able to listen to the other community conversations that we have had so far and we will be sharing a summary of questions as well as a link to the FAQ document that currently exists on our VDH vaccine website. Our FAQ document is a living and breathing document as I mentioned at the top of our chat today, we are going to be continuing to update that FAQ document based on the questions we heard here today. It may take up to a week for us to incorporate the FAQs so be responsive. We are wanting to do our best to make sure that we are meeting your needs and addressing the concerns. I know we have gone over by about five minutes and I hope you have found it beneficial and we look forward to you all joining us for our next community conversation which we will be having in the month of January as we learn about the next steps that the Commonwealth of Virginia will be taking to distribute the COVID-19 vaccine across our area. So enjoy the rest of your Thursday everyone and have a good night. Thank you all.

>> Good night